



2020-2021 Financial Aid Consent to Release Information Form

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Chowan University must have written consent to release any information from a student's education record. Please complete this form to indicate to whom your financial information for the 2020-21 academic year can be released. ** Note this form is only valid for the 2020-21 academic year, additional forms will need to be completed annually.

If you prefer, you may complete the consent form online at:
<https://www.chowan.edu/admissions/financial-aid/consent-forms>

1. Student Information

First Name: _____ Last Name: _____ Chowan ID Number: _____			
Phone Number: _____ { Include area code }		Email: _____ { Indicate the email you use most frequently }	
Address: _____			
{ Street }		{ City }	{ State } { Zip }

2. Current Classification

- New Student
- Returning Student
- Other _____

3. Check the box that applies to the information you wish to be released.

I wish to release the following information for the 2020-21 year.

- Financial Aid Records (financial award information, loan status, etc.)
- Student Account Records (charges, student balance, etc.)
- Academic Affairs/Student Life Information as it relates to financial aid.
- All of the above.
- Do NOT release financial or academic information to anyone other than myself.

4. Release my information to the following person(s) listed.

First Name: _____	Last Name: _____
Relationship: _____	Phone Number: _____

First Name: _____	Last Name: _____
Relationship: _____	Phone Number: _____

First Name: _____	Last Name: _____
Relationship: _____	Phone Number: _____

5. Certification and Acknowledgement of FERPA

Check ALL of the boxes to indicate your understanding of the following statement.

- I certify that I am the student listed on this form.
- I understand that picture ID is REQUIRED when information is requested in person.
- I understand that I have the right to change the released information during the 2020-21 academic year.

6. Student Signature

Student's Signature: _____	Date: _____
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Please remember to keep a copy for yourself if you choose to mail the form to Chowan University.
If you wish to change any of your responses during the 2020-21 academic year, please contact the Financial Aid Office at FinAid@chowan.edu.

Please return to:
Chowan University Financial Aid Office * One University Place * Murfreesboro, NC 27855
Fax 252-398-6513 * Email finaid@chowan.edu * Phone 252-398-6535